

FILED NOV 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36704

State File No. _____
Registrar's No. 864-B

BIRTH NO. <u>6448-50</u>		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>864-B</u>	
1. PLACE OF DEATH a. COUNTY <u>GREENE</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>SPRINGFIELD</u> c. LENGTH OF STAY (In this place) d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SPRINGFIELD BAPTIST HOSPITAL</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>Stone</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>GALENA, RURAL</u> d. STREET ADDRESS (If rural, give location) <u>ROUTE #2</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>SHARON</u> b. (Middle) <u>ELAINE</u> c. (Last) <u>HEDRICK</u>		4. DATE OF DEATH (Month) <u>Oct.</u> (Day) <u>1</u> (Year) <u>1950</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>Sept. 26, 1950</u>		9. AGE (In years last birthday) <u>5</u>		10. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
11. BIRTHPLACE (State or foreign country) <u>Springfield, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Alvis Perry Hedrick</u>		13b. MOTHER'S MAIDEN NAME <u>Serah Lerene Cutbirth</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Alvis Perry Hedrick, R. #2, Galena, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Regeneration of Rib Fract</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>7593</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Sept. 24, 1950</u> , to <u>Oct. 1, 1950</u> , that I last saw the deceased alive on <u>Sept. 24, 1950</u> , and that death occurred at <u>12:40 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. D. Crane</u> (Degree or title)		23b. ADDRESS <u>Crane, Mo.</u>		23c. DATE SIGNED <u>11-13-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/2/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Eisenhower Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>near Galena, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>11/15/50</u>		REGISTRAR'S SIGNATURE <u>W. E. Handley M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Family in charge of burial</u>		ADDRESS <u>Galena, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.